FOR BOARD USE ONLY	FOR BOARD USE ONLY	
Date Received:	Fee Received:	
Name on Check:	Check #: Date:	



ALABAMA STATE BOARD OF REGISTRATION FOR INTERIOR DESIGN

Post Office Box 11026 ♦ Birmingham, AL 35202 ♦ 205-879-4232 ♦ Fax: 205-879-4232*51 E-Mail ID.admin@idboard.alabama.gov

APPLICATION FOR RENEWAL OF INTERIOR DESIGNER REGISTRATION EFFECTIVE 10/1/06

A non-refundable renewal fee of \$50.00 payable to Alabama State Board of Registration for Interior Design shall accompany this application. No partial payments are accepted for a partial year. Renewal fee and application are due by September 30th each year. Certificates not renewed by December 31st of each year shall become invalid. Application shall be signed and dated. This application shall be completed in its entirety. Please type or print clearly in black ink.

LAST NAME:	FIRST NAME:			
MIDDLE OR MAIDEN NAM	E:			
REGISTRATION NUMBER:				
SOCIAL SECURITY NUMB NOTE: The Code of Alabam applicants to provide social s	a 1975, sec. 30-3-194 "Alab	eama Child Support Ad	ct of 1997" requires	
EMAIL ADDRESS:				
PREFERRED MAILING AD	DRESS: check box: □ R	ESIDENCE	☐ BUSINESS	
RESIDENCE ADDRESS: No	umber & Street			
City	County	State	Zip Code	
BUSINESS NAME:		Position or Title	e	
BUSINESS ADDRESS: Nur	nber and Street			
City	County	State	Zip Code	
TELEPHONE: Residence (_) Business	s <u>(</u>)	_ Fax (<u>)</u>	
I hereby apply for renewal of registration in the State of Alabama as an Interior Designer. I acknowledge and affirm that the accuracy of information given in this application is true and correct and authorize the				
Board to investigate any and	l all statements made herein	l.		
Date:	Signature:			

MAIL TO: ALABAMA STATE BOARD OF REGISTRATION FOR INTERIOR DESIGN
P.O. Box 11026
BIRMINGHAM AL 35202

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